

VERIFICATION OF PARTICIPATION

VWCC Enrollment Center • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704 <u>enroll@virginiawestern.edu</u> / Fax: 540-857-6163

Date:	EMPL ID:	Student Name			
Has the student been attending/participating in your class? Would you recommend this student's re-enrollment in this					
Class (ex: EN	G 111-12)				
Semester (ex	a: Fall 2019)				
Instructor Sig	gnature				
Administrative re-enrollment processed by			Date		
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